

**Date Correction Plan Due**  
3/14/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

**Name - Certified Operator / Licensed Center**

Quad Care Lomira

**Provider Number / Facility ID Number**

2000558502 / 001 - 120732

**Address - Facility (Street, City, State, Zip Code)**  
N11896 Hwy 175 Lomira WI 53048

**Telephone Number**  
920-269-5500

**Date - Regulation Visit**  
2/28/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b></p> <p>Description: The medical logbook was not reviewed every 6 months with staff to ensure that all possible preventive measures are being taken when it was last reviewed on August 7, 2022.</p>	<p>Do a follow up check to make sure staff have completed the 6 month log book checks scheduled for February each year</p>	<p>March 4th 2024</p>	
<p>2</p> <p>251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b></p> <p>Description: A written medical authorization did not include the necessary information when the authorization form did not include the child's birthdate, medication intervals, and the length of authorization. Repeat violation: Previously cited on 7/10/2023</p>	<p>Center will use the DCF administer medication form going forward.</p>	<p>March 4th 2024</p>	

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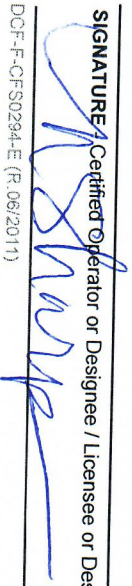
Verification Date

NAME - Agency Worker  
Kimberly Liebhart

Date Issued  
2/29/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee

Date Signed



3-1-2024